



## Beneficiary Designation

Member's Full Name

Social Security Number

/ /  
Date of Birth

Telephone Number

**Check either Box 1 or Box 2. If you check Box 2, indicate benefit type.**

1. ☐ I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES for any lump-sum death benefits payable under the Public Employees' Retirement Law in the event of my death as a retired person.

**OR**

2. ☐ I wish to designate separate beneficiaries for the various lump-sum benefits that may be payable. This designation is for:

☐ Lump-Sum Death Benefit ☐ Option 1 Balance ☐ Temporary Annuity ☐ Option 4 – Option 1 Balance

### Primary Beneficiaries

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

### Secondary Beneficiaries

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES.

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

**(Please continue to back)**

### Member Acknowledgment

Should I survive all of the persons named, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the CalPERS Board of Administration, all in accordance with the applicable provisions of law.

**By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage, dissolution or annulment of my marriage, or the birth or adoption of a child subsequent to the date I execute this form will automatically void this designation.**

☐ **I am not married.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Member's Signature Date

### Spouse's Acknowledgment

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse. I also hereby state that I am the current spouse.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Marriage

***Please Note: If your spouse does not sign this form or if you did not check the "I am not married" box above, a Justification for Non-Signature of Spouse (PERS-BSD-800-B) must be completed and submitted with this Beneficiary Designation.***